

BLENDON TOWNSHIP
LAND DIVISION APPLICATION

This is a five page application. All five pages of this form must be included with the application.

All questions presented below must be answered and all attachments must be included in order for this request to be processed. The completed application must be delivered to: Jim Scholma, Blendon Township Zoning Administrator.

Approval of a division of land is required prior to the selling of any subsequent parcel, when the subsequent parcel is less than 40 acres and the new parcel is not the product of a property line adjustment. Property Line Adjustment changes need approval for the purpose of keeping the property records current and accurate. Please indicate your return address on the lines immediately succeeding this paragraph.

NAME: _____

ADDRESS _____

CITY, STATE, ZIP: _____

This form is designed to comply with applicable local zoning, land division ordinances and Sec 109 of the Michigan Land Division Act (formerly the subdivision control Act, P.A. 591 of 1996) MCL 560.101 et, seq.

1. **LOCATION** of parent parcel to be divided:
Street Address, _____ Parent Parcel No. _____
Legal description of Parent Parcel (attach extra sheet if necessary)
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2. **PROPERTY OWNER** Information:

Name _____ Phone No. (____) _____
Address _____
City _____ State _____ Zip Code _____

3. **APPLICANT** Information:

Contact Person's Name: _____ Business Name: _____
Address: _____ Phone No: (____) _____
City: _____ State _____ Zip Code _____

4. **PROPOSAL:** Describe the division (s) being proposed:

- A. Number of new parcels: _____
B. Intended use : ie; (residential, commercial, etc.) _____
C. The division of the parcel provides access to an existing public road by: (Check one)
_____ Does each new division has frontage on an existing public road.
_____ Is there a new public road, proposed road name _____
(Road name cannot duplicate an existing name located within this unit of government)
_____ Is there a new private road 66 feet in width, for one or more build able lot (s) proposed name _____
(Road name cannot duplicate an existing name located within this unit of government)
_____ Is there a recorded easement, shared private drive/driveway. Not less than 33 feet in width.
D. Attach a legal description of any proposed new road, easement or shared driveway.
E. Attach a legal description for each proposed new parcel and the remaining portion of the parent parcel.
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5. **DIVISIONS BEING TRANSFERRED:**

- A. Number of future divisions that could be allowed, but are not allowed, and are not included in this application the number of divisions _____
- B. The number of future divisions being transferred from the parent parcel to another parcel? # of divisions _____
- C. Number of divisions transferred by deed to parent parcel _____ (Attach a copy of deed if sale is after April 1, 1997.)

Identify the other parcel (s) Parcel No. 70-13- - - # of divisions transferred _____
(New parent)

Parcel No. 70-13- - - # of divisions transferred _____

Parcel No. 70-13- - - # of divisions transferred _____

Parcel No. 70-13- - - # of divisions transferred _____

(See section 109(2) of the Statute. Make sure your deed includes both statements as required in section 09(4) of the Statute)

6. **DEVELOPMENT SITE LIMITS:** Check each that represents a condition which exists on any part of the parent parcel:

- _____ Is riparian or littoral (is it a river or lake front parcel)
- _____ Includes a wetland
- _____ Is within a flood plain
- _____ Includes slopes more than twenty five percent (a 1:4 pitch or 14o angle) or steep
- _____ Is on muck soils or soils known to have severe limitations for on site sewage system
- _____ Is known or suspected to have an abandoned well, underground storage tanks or contaminated soil

7. **ATTACHMENTS;** (All attachments **must** be included) Identify each attachment as shown here.

- _____ A survey, sealed by a professional surveyor at a scale of no less than 1" = 200' of proposed division(s) of parent parcel; **OR**
- _____ A map/drawing to scale of no less than 1"=200' of proposed division(s) of parent parcel **and waive the 45 day time limit by signing here** _____
- _____ The survey or map must show:
- (1) current boundaries (as March 31, 1997), and
 - (2) all previous divisions made after March 31, 1997 (indicate when made or none)
 - (3) the proposed dimension(s), and
 - (4) dimensions of the proposed divisions, and
 - (5) existing and proposed road/easement right-of-way. And easements for public utilities from each parcel to existing public utilities, and
 - (6) any existing improvements (buildings, well, septic system, driveways) and
 - (7) any of the features checked in question number 6.
- _____ A soil evaluation or septic permit **for each proposed parcel** of less than one acre prepared by the Health Department, or an indication that approval will occur for service by public sewer system. **Otherwise** may not be split.
- _____ An evaluation/indication that approval will occur for service by a public water system, a well permit for potable water if public water is not available, **for each proposed parcel**, if building construction is intended. **Otherwise** may not be split.
- _____ Indication of approval, or permit from the Road Commission, MDOT, or Zoning Administrator for each proposed new road, easement or shared driveway.
- _____ A copy of any transferred division rights (Sec109(4) of the Act) in the parent parcel
- _____ A fee of \$ _____
- _____ Release from the County Drain Commissioner (unless waived)
- _____ Proof of ownership or letter of authorization as agent.
- _____ Proof that all taxes and/or special assessments are paid to current status.
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IMPROVEMENTS; Describe any existing improvements (buildings, well, septic, etc.) which are on the parent parcel or indicate none (attach extra sheets if needed):

AFFIRMATIONS OF THE APPLICANT

AFFIDAVIT and **PERMISSION** for municipal, county and state officials to enter the property for inspections:

I hereby agree that the statements made above are true, and if found not to be true this application and any approval will be void.

Further, I agree to comply with the condition and regulations provided with the parent parcel division.

Further, I agree to give permission for officials of Blendon Township, Ottawa County and the State of Michigan to enter the property where this parcel division is proposed for the purposes of inspection to verify that the information of the application is correct at a time mutually agreed with the applicant.

Further, I understand this is only a parcel division which conveys only certain rights under the applicable local land division ordinance, the zoning ordinance, and the State Land Division Act (formerly the Subdivision Control Act P.A. 288 of 1967, as amended (particularly by P.A. 591 of a996,) MCL 560.101 et.seq.), and does not include any representation or conveyance of rights in any statute, building code, zoning ordinance, deed restriction or other property rights.

Further, I understand that all existing special assessments will remain with the parent parcel or may be paid in full before the land division is approved. I also understand that taxes will not be prorated by the Assessor's or Treasurer's office of this municipality.

Finally, even if this division is approved, I understand zoning, local ordinances and State Acts change from time to time, and if changed, the divisions made here must comply with the new requirements unless deeds, land contracts, leases or surveys representing the approved divisions are recorded with the Register of Deeds of Ottawa County or the division is built upon before the changes to the law are made. (If the above is not accomplished, I realize there will be a need for the land division to be processes again.)

Property Owner's Signature: _____ **Date:** ____/____/____

Property Owner's Printed Name: _____

DO NOT WRITE BELOW THIS LINE

ADMINISTRATIVE ACTION

Reviewer's Action: Total fee received: \$ _____ Receipt No. _____ Rec'd by: _____

Comments:

_____ Approved: Conditions, if any

_____ Denied: Reasons:

Signature _____ Date ____/____/____
Jim Scholma, Zoning Administrator

Signature _____ Date ____/____/____
Melissa Koster, Township Assessor

STAFF NOTE; If this portion of the application is blank, see the attached review sheets.

Date approved paperwork sent to OC PD&M: _____

Date received processed split material from PD&M _____

Number of splits allowed by Statute _____ Parcel # 70- 13- - - -

Number of splits requested _____ Name: _____

Control No: LD 2007 _____ Date completed application received _____